

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2013 OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

NAIC Company Code 95844

·	1311 rent Period)	, <u>1311</u> (Prior Period)	NAIC Company Code _	95844	Employer's ID Number _	38-2242827
Organized under the Laws of	,	Michigan	. State	e of Domicile	or Port of Entry	Michigan
Country of Domicile		Ŭ	·	d States		
Licensed as business type:	Life Δcc	cident & Health []	Property/Casualty [1	Hospital, Medical & Dental Se	rvice or Indemnity []
<i>,</i> ,	•	Service Corporation []	Vision Service Corpo	•	Health Maintenance Organiza	,
	Other [Is HMO, Federally (-	
			•			n=0
Incorporated/Organized		06/27/1978	Commence	ed Business	02/08/19	379
Statutory Home Office		2850 West Grand		_ ,	Detroit, MI, US 482 (City or Town, State, Country an	
		(Street and Nu	•			a zip Code)
Main Administrative Office				est Grand Be Street and Number		
		US 48202 puntry and Zip Code)			313-872-8100 (Area Code) (Telephone Number)	
Mail Address		50 West Grand Boulevard	4		Detroit, MI, US 48202	
		Street and Number or P.O. Box)	<u>, </u>		(City or Town, State, Country and Zip	Code)
Primary Location of Books a	ind Recor	ds			Grand Boulevard	
De	etroit, MI, I	US 48202		(Stree	et and Number) 248-443-1093	
(City or To	wn, State, Co	ountry and Zip Code)		(Are	a Code) (Telephone Number) (Extension	1)
Internet Web Site Address				w.hap.org		
Statutory Statement Contact	t	Dianna L Ro	nan,		248-443-1093 (Area Code) (Telephone Number) (I	Extension)
	dronan@l				248-443-8610 (Fax Number)	
	(2				(i ak namaa)	
.,			OFFICERS			T''
Name James M Connelly 3	#	Title President and	CEO	Name Dianna L Ro		Title Treasurer
Edith L Eisenmann		Secretary		Irita B Mat	,	stant Secretary
			OTHER OFFICE	RS		
Marvin Beatty		DIRE Shari Burge		JSTEES dra A Cavette	MDH DDH Jame	es M Connelly #
Colleen M Ezzeddine Ph	n D #	Lauren Foster	CPA .	Joyce V Hay	es-Giles Harv	vey Hollins III #
Jamie C Hsu Ph D Judith S Milosic #		Paul Hughes-Croi Susanne M Mito		Kirk J Le Marguerite S		ackie Martin Schatzel Ph D #
Nancy Schlichting		Michelle B Schre		James G V		usie M Wells
Objects						
State of County of	_	ss				
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above, all of the herein describe that this statement, together wi liabilities and of the condition ar and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respectiv	ed assets with related and affairs of cordance were or regulately. Further copy (exceptions)	were the absolute property of exhibits, schedules and exp of the said reporting entity as with the NAIC Annual Statement of the Statement of the NAIC annual statement of the St	If the said reporting entity, free lanations therein contained, of the reporting period stated ent Instructions and Accounting the period of the reporting not related to accoustation by the described office.	e and clear from annexed or red above, and cong Practices arounting practice ers also include	said reporting entity, and that on the many liens or claims thereon, exferred to, is a full and true statem of its income and deductions thereford <i>Procedures</i> manual except to the sand procedures, according to the less the related corresponding electratement. The electronic filing may	pept as herein stated, and lent of all the assets and from for the period ended, e extent that: (1) state law best of their information, ronic filing with the NAIC,
James M C			Dianna L Ronan		Edith L Eis	
President a	nd CEO		Treasurer		Secret	•
Subscribed and sworn to b		this		b. If 1.	this an original filing? no: State the amendment number Date filed	Yes [X] No []
Roderick Irwin Curry, Notar	V				Number of pages attached	
August 14 2020	,					

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
Federal Employees Health Benefit Plan	8,584,064					8,584,064
Group subscribers: Federal Employees Health Benefit Plan City of Detroit	2,120,962	2,096,762	1 , 144 , 263			5,361,986
		 				-
		·····				
0299997 Group subscriber subtotal	10,705,026	2,096,762	1 , 144 , 263	0	0	13,946,050
0299998 Premiums due and unpaid not individually listed	20,640,786	3,326,851	559,552			24,527,189
0299999 Total group	31,345,812	5,423,613	1,703,815	0	0	38,473,240
0399999 Premiums due and unpaid from Medicare entities	8,074,561					8,074,561
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	39,420,372	5,423,613	1,703,815	0	0	46,547,800

EXHIBIT 3 - HEALTH CARE RECEIVABLES

		EXHIBIT O - HEALITI GAILE REGENABLES										
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted						
0199998 - Aggregate of amounts not individually listed above.	2,090,490	2,657,090	0.00=0,0			4 747 580						
0190909 - Totals - Pharmaceutical rehate receivables	2,090,490	2,657,090	0	0	0	4,747,580 475,549 475,549 653,770						
0199999 - Totals - Pharmaceutical rebate receivables 0499998 - Aggregate of amounts not individually listed above.	475,549		, and the second		·	475 549						
0499999 - Totals - Capitation Arrangement Receivables	475,549		0	0	0	475 549						
0600008 - Aggregate of amounts not individually listed above	653,770				·	653 770						
0699998 - Aggregate of amounts not individually listed above. 0699999 - Totals - Other Receivables	653,770		0	0	0	653,770						
OCCOUNT OUT OUT OUT OUT OUT OUT OUT OUT OUT OU	000,110		Ů	<u> </u>	· ·	000,110						
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0799999 Gross health care receivables	3,219,809	2,657,090	0	0	0	5,876,899						

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece During t	eivables Collected he Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	4,890,574	4,053,629		4,747,580	4,890,574	3,187,666
Claim overpayment receivables					0	
Loans and advances to providers					0	
Capitation arrangement receivables	5,839,044			475,549	5,839,044	5,839,044
5. Risk sharing receivables					0	
6. Other health care receivables	404,427	184,773	143,236	510,534	547,663	516,378
7. Totals (Lines 1 through 6)	11,134,045	4,238,402	143,236	5,733,663	11,277,281	9,543,088

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
_ 1 _	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered	1,457,701	130,838	57 , 553	73,105	121,953	1,841,150
0399999 Aggregate accounts not individually listed-covered	22,059,470	1,447,435	1,158,495	870,404	2,668,222	28,204,026
0499999 Subtotals	23,517,171	1,578,273	1,216,048	943,509	2,790,175	30,045,176
0599999 Unreported claims and other claim reserves						92,424,544
0699999 Total amounts withheld						11,183,366
0799999 Total claims unpaid						133,653,086
0899999 Accrued medical incentive pool and bonus amounts						1,500,000

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	l 6	Adm	itted
· ·	_	_				7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Alliance Health and Life Insurance Co	3,471,250					3,471,250	
HAP Preferred Inc.	441,677					441,677	
Midwest Health Plan Inc	110,843					110,843	
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0199999 Individually listed receivables	4,023,771	0	1 0	0	0	4,023,771	0
0299999 Receivables not individually listed	5,100					5,100	
0399999 Total gross amounts receivable	4,028,871	0	0	0	0	4,028,871	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Alliance Health and Life Insurance Co. HAP Preferred Inc Henry Ford Health Systems	Management fees and reimbursements Health Choice plan for HFHS Management fees and Corporate reimbursem	1,122,107	1,122,107	
HAP Preferred Inc	Health Choice plan for HFHS	508,991	508,991	
Henry Ford Health Systems	Management fees and Corporate reimbursem	22,411	22,411	
0199999 Individually listed payables.		1,653,509	1,653,509	0
0199999 Individually listed payables			. ,	
0399999 Total gross payables		1,653,509	1,653,509	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	778,251,956	46.5	166,814	50 . 7	663,064,321	115, 187, 635
2. Intermediaries				0.0		
3. All other providers	5,954,601	0.4	162,484	49.3		5,954,601
Total capitation payments		46.9	329,298	100.0	663,064,321	121, 142, 236
Other Payments:						
5. Fee-for-service		3.1	xxx	XXX	52,774	52,463,032
Contractual fee payments		49.0	xxx	XXX	122,450,901	698,272,930
Bonus/withhold arrangements - fee-for-service		0.0	lxxx	XXX		
Bonus/withhold arrangements - contractual fee payments		1.0	Lxxx	XXX	19,745	16,222,506
Non-contingent salaries		0.0	Lxxx	XXX	·	l
10. Aggregate cost arrangements		0.0	Lxxx	XXX		
11. All other payments		0.0	Lxxx	XXX		
12. Total other payments	889,481,888	53.1	xxx	XXX	122,523,420	766,958,468
13. Total (Line 4 plus Line 12)	1,673,688,445	100 %	XXX	XXX	785,587,741	888,100,704

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSAK	TIONS WITH IN LI	MILDIAINE	<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	NONE				
	INCINE				
				ļ	
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	7 ,765 ,855		3,632,266	4,133,589	4,133,589	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	7,765,855	0	3,632,266	4,133,589	4,133,589	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2. Detroit Michigan

								(LOCATION)		
AIC Group Code 1311 BUSINESS IN THE STATE	OF Michigan			DURING THE YEAR 2	2013			NAI	C Company Code	95844
	1	Comprel (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	342,264	1,648	280,362				19,493	40,761		
2 First Quarter	336,775	1,503	273,615				19,541	42,116		
3 Second Quarter	332,726	1,424	269,472				19,381	42,449		
4. Third Quarter	331,139	1,401	267,558				19,479	42,701		
5. Current Year	329,298	1,267	265,644				19,418	42,969		
6 Current Year Member Months	3,999,656	17,156	3,239,366				233,437	509,697		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,373,741	6,649	1,055,921				69,241	241,930		
8. Non-Physician	147 ,865	626	108,565				6,869	31,805		
9. Total	1,521,606	7,275	1,164,486	0	0	0	76,110	273,735	0	
10. Hospital Patient Days Incurred	209,588	898	72,437				6,061	130,192		
11. Number of Inpatient Admissions	43,527	134	17,578				1,133	24,682		
12. Health Premiums Written (b)	1,869,499,280	9,790,331	1,264,684,420				114,314,596	480 , 709 , 933		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,869,499,280	9,790,331	1,264,684,420				114,314,596	480 , 709 , 933		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,667,912,356	8,575,808	1, 107, 796, 173				109 , 194 , 980	442,345,395		
18. Amount Incurred for Provision of Health Care Services	1,666,104,744	8,559,224	1,105,653,913				108,598,866	443,292,741		

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.............480,709,933



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2. Detroit Michigan

								(LOCATION)		
NAIC Group Code 1311 BUSINESS IN THE STATE C	OF Consolidated			DURING THE YEAR	2013			NAIC Company Code		95844
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	342,264	1,648	280,362	0	0	0	19,493	40,761	0	
2 First Quarter	336,775	1,503	273,615	0	0	0	19,541	42,116	0	
3 Second Quarter	332,726	1,424	269,472	0	0	0	19,381	42,449	0	
4. Third Quarter	331,139	1,401	267,558	0	0	0	19,479	42,701	0	
5. Current Year	329,298	1,267	265,644	0	0	0	19,418	42,969	0	
6 Current Year Member Months	3,999,656	17,156	3,239,366	0	0	0	233,437	509,697	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,373,741	6,649	1,055,921	0	0	0	69,241	241,930	0	
8. Non-Physician	147 ,865	626	108,565	0	0	0	6,869	31,805	0	
9. Total	1,521,606	7,275	1,164,486	0	0	0	76,110	273,735	0	
10. Hospital Patient Days Incurred	209,588	898	72,437	0	0	0	6,061	130,192	0	
11. Number of Inpatient Admissions	43,527	134	17,578	0	0	0	1,133	24,682	0	
12. Health Premiums Written (b)	1,869,499,280	9,790,331	1,264,684,420	0	0	0	114,314,596	480,709,933	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,869,499,280	9,790,331	1,264,684,420	0	0	0	114,314,596	480 , 709 , 933	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
Amount Paid for Provision of Health Care Services	1,667,912,356	8,575,808	1, 107, 796, 173	0	0	0	109 , 194 , 980	442,345,395	0	
18. Amount Incurred for Provision of Health Care Services	1,666,104,744	8,559,224	1,105,653,913	0	0	0	108,598,866	443,292,741	0	

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$480,709,93

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

S

9999999 Totals

SCHEDULE S - PART 3 - SECTION 2

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year											
1	2	3	4	5	6	7	8	9	Outstanding S	Surplus Relief	12	13
NAIC	_	Ŭ	Name	ů	"	,	Unearned	Reserve Credit	10	11	Modified	
Company	ID	Effective	of	Domiciliary			Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Туре	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
	count – Authorize	d – Non-Affiliate	es – U.S, Non-Affiliates									
39845				MO	\$SL/G/A	488,583						
			lon-Affiliates - U.S, Non-Affiliates			488,583	0	·	0	0	0	0
			ffiliates - Non-U.S Total			488,583	0		0	0	0	0
			Affiliates - Total Authorized Affiliates			488,583	0	· · · · ·	0	0	0	0
1199999	- General Account	- Authorized - I	otal General Account Authorized			488,583	0	-	0	0	0	0
3499999	- General Account	- lotal General	Account Authorized, Unauthorized and Certified 0999999, 1799999, 2099999, 2899999, 3199999, 409	0000 4200000 E400000 E400000 cod CE	00000/	488,583 488,583	0		0	0	0	0
7099999	- 10tal Non-0.5.	(30111 01 00999999,	0999999, 1799999, 2099999, 2099999, 3199999, 409 I	9999, 4399999, 5199999, 5499999, 6299999 and 63	99999)	400,303	U	0	U	U	0	- 0
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Schedule S - Part 4
NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	(000)	Omitted) 2	3	4	5
	2013	2012	2011	2010	2009
A. OPERATIONS ITEMS					
1. Premiums	489	0	0	0	0
Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid	0	0	0	0	0
Commissions and reinsurance expense allowan	ce	0	0	0	c
Total hospital and medical expenses		0	0	0	
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	C
7. Claims payable		0	0	0	
Reinsurance recoverable on paid losses	0	0	0	0	
Experience rating refunds due or unpaid		0	0	0	
10. Commissions and reinsurance expense allowan	ces due.	0	0	0	
11. Unauthorized reinsurance offset	0	0	0	0	
12. Offset for reinsurance with Certified Reinsurers	0	0	XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS B	Y AND				
FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	
14. Letters of credit (L)	0	0	0	0	(
15. Trust agreements (T)	0	0	0	0	(
16. Other (O)	0	0	0	0	
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)	0	0	XXX	XXX	XXX
19. Letters of credit (L)	0	0	XXX	XXX	XXX
20. Trust agreements (T)	0	0	XXX	XXX	XXX
21. Other (O)	0	0	XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	395,845,744		395,845,744
2.	Accident and health premiums due and unpaid (Line 15)	46 , 547 , 800		46,547,800
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	14,284,901		14,284,901
6.	Total assets (Line 28)	456,678,445	0	456,678,445
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	133 , 653 , 086	0	133,653,086
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,500,000		1,500,000
9.	Premiums received in advance (Line 8)	6 , 730 , 165		6,730,165
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	104,571,285		104,571,285
15.	Total liabilities (Line 24)	246 , 454 , 536	0	246 , 454 , 536
16.	Total capital and surplus (Line 33)	210,223,909	XXX	210,223,909
17.	Total liabilities, capital and surplus (Line 34)	456,678,445	0	456,678,445
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					siness Only			
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals	
1. Alabama			·					
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California			-					
6. Colorado	CO		-					
7. Connecticut			-					
8. Delaware								
9. District of Columbia	DC							
10. Florida			-					
11. Georgia	GA							
12. Hawaii			-					
13. Idaho								
14. Illinois	IL							
15. Indiana	JN					ļ	ļ	
16. lowa	JA						ļ	
17. Kansas								
18. Kentucky								
19. Louisiana	LA							
20. Maine								
21. Maryland							ļ	
22. Massachusetts								
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	TM							
28. Nebraska	NE							
29. Nevada	NV		_					
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	OH							
37. Oklahoma								
38. Oregon								
39. Pennsylvania								
40. Rhode Island								
41. South Carolina								
42. South Dakota								
43. Tennessee	TN							
44. Texas	TX							
45. Utah								
46. Vermont	VT							
47. Virginia								
48. Washington								
49. West Virginia								
50. Wisconsin								
			-				·	
51. Wyoming			1			l	l	
52. American Samoa								
53. Guam								
54. Puerto Rico							·	
55. US Virgin Islands						l	·	
56. Northern Mariana Islands							ļ	
57. Canada								
58. Aggregate Other Alien	OT				1		1	

4

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

						_							1	
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15
						Securities					(Ownership,			
			Fortered			Exchange if	No 6		D. L. P L. P. L.		Board,	If Control is	Ultimate	
Group		NAIC Company	Federal ID	Federal		Publicly	Name of Parent Subsidiaries	Domiciliary	Relationship to	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Controlling	
Code	Group Name	Company	Number	RSSD	CIK	Traded (U.S. or International)	or Affiliates	Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/ Person(s)	*
Code	Henry Ford Health Systems	Code	Number	ROOD	OIIC	international)	Health Alliance Plan of	Location	Littly	(Name of Emily/Ferson)	iriliderice, Other)	rercentage	Henry Ford	+
01311	Group	95844	38-2242827				Michigan	MI	RE	Henry Ford Health System	Ownership	100.0	Health System	0
	Henry Ford Health Systems									Health Alliance Plan of			Henry Ford	
	Group		38 - 2513504				HAP Preferred Inc		DS	Michigan	Ownership	100.0	Health System	
	Henry Ford Health Systems						Alliance Health and Life			Health Alliance Plan of			Henry Ford	
01311	Group	60134	38 - 329 1563				Insurance Company	MI	DS	Michigan	. Ownership	100.0	Health_System	. 0
	Henry Ford Health Systems		00 0054405				Administration System Research		D O	Health Alliance Plan of		00.7	Henry Ford	
	GroupHenry Ford Health Systems		38 - 2651185			-	Corporation		DS	Michigan Health Alliance Plan of	Ownership	bb./	Health System Henry Ford	. 0
	Group.		27 - 0449055				HAP Community Alliance		DS	Michigan	Ownership	100.0	Health System	0
	Henry Ford Health Systems						That community arriance			Health Alliance Plan of	. Owner Sirip	100.0	Henry Ford	
01311	Group	95814	38-3123777				Midwest Health Plan, Inc	MI	DS	Michigan	Ownership	100.0	Health System	0
01011	Henry Ford Health Systems		00 0120777				Throward Hourt History House			an on gar.	. oo i o p		Thourth Gyotominin	
	Group.		38 - 1357020				Henry Ford Health System		UDP			0.0		0
	Henry Ford Health Systems			İ									Henry Ford	1
	Group		38 - 279 1823				Henry Ford Wyandotte		NIA	Henry Ford Health System	Ownership	100.0	Health System	.
	Henry Ford Health Systems		00 0504044				First Optometry Vision Plans,			l		400 0	Henry Ford	
	Group		38 - 2594841			-	. Inc		NIA	Henry Ford Health System	Ownership	100.0	Health System	. 0
	Henry Ford Health Systems Group		38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health Systems						Therity Ford Maconib Hospital		INTA	inenity ford nearth system	. Ownerstrip	100.0	Henry Ford	.
	Group		38-3146042				PHO of Mercy Macomb		NIA	Henry Ford Health System	Ownership	100.0	Health System	0
	Henry Ford Health Systems						1						Henry Ford	
	Group.		38 - 2679527				Horizon Properties Inc.		NIA	Henry Ford Health System	Ownership	100.0	Health System	. 0
	Henry Ford Health Systems						Mercy Mt. Clemens Real Estate,						Henry Ford	
	Group		38-2947657			-	_ LLC		NIA	Henry Ford Health System	Ownership	100.0	Health_System	. 0
	Henry Ford Health Systems		00 0505005				Fairland Haalth Oanning Oan		NII A		Owner and the first	400.0	Henry Ford	
	GroupHenry Ford Health Systems		38 - 2565235				Fairlane Health Services Corp		NIA	Henry Ford Health System	Ownership	100.0	Health System Henry Ford	.
	Group		38-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0	Health System	0
	Henry Ford Health Systems						Henry Ford Health System			l	. O will of 3111 p	100.0	Henry Ford	
	Group		45-3852852				Employment, LLC		NIA	Henry Ford Health System.	Ownership	100.0	Health System	0
	Henry Ford Health Systems									, , , , , , , , , , , , , , , , , , , ,	,		Henry Ford	
	Group		90 - 0840304				Henry Ford Innovation Institute.		NIA	Henry Ford Health System	Ownership	100.0	Health System	
	Henry Ford Health Systems									l.,			Henry Ford	
	. Group		38-2433285				. Henry Ford Continuing Care Corp.		NIA	Henry Ford Health System	Ownership	100.0	Health System	.[0]
	Henry Ford Health Systems		38-6553031				Henry Ford Health Care Corp Self Funded Liability Plan	1	NIA	Honry Ford Hoolth System	Ownerchin	100.0	Henry Ford Health System	
	GroupHenry Ford Health Systems			[Henry Ford Health System		NIA	Henry Ford Health System	Ownership	100.0	Hearth System Henry Ford	.
	Group		23-7383042				Foundation	1	NIA	Henry Ford Health System	Ownership	100.0	Health System	0
	Henry Ford Health Systems		1			1	1			l significant speciments			Henry Ford	
	Group		32-0306774				Henry Ford Physician Network]	NIA	Henry Ford Health System	Ownership	100.0	Health System	0
	Henry Ford Health Systems						, ,						Henry Ford	
	Group.		38 - 3232668			-	Northwest Detroit Dialysis		NIA	Henry Ford Health System	Ownership	56.3	Health_System	0
	Henry Ford Health Systems						Hama Dialwaia Cassialty Costs		NII A	Hanny Fand Haalth Cust	O	25.0	Henry Ford	
	GroupHenry Ford Health Systems						Home Dialysis Specialty Center		NIA	Henry Ford Health System	Ownership	J35.U	Health System Henry Ford	. 0
	Group		26-0423581				Macomb Regional Dialysis	1	NIA	Henry Ford Health System	Ownership	60.0	Health System	n
	1 o1 oah		-1-0-0450001			4	. Imaconin nogranai piarysis			priority tota rioutiti oyataii	. v "1101 3111 P	ا	Inoarth Oyatom	.1

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of					Type of Control			
						Securities					(Ownership,	15 0	1.000	
		NAIC	Federal			Exchange if Publicly	Name of		Relationship to		Board, Management,	If Control is Ownership	Ultimate Controlling	
Group		Company	ID	Federal		Traded (U.S. or	Parent Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
	Henry Ford Health Systems												Henry Ford	
	Group		38 - 1378121				Sha Realty Corp		NIA	Henry Ford Health System	Ownership	100.0	Health_System	0
	Henry Ford Health Systems Group		90-0659735				Center for Senior Independence		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health Systems			-			Toeriter for Serifor independence		INTA	henry roru nearth system	Ownership	100.0	Henry Ford	
	Group		26 - 3896897				Henry Ford West Bloomfield		N I A	Henry Ford Health System	Ownership	100.0	Health System	0
	Henry Ford Health Systems												Henry Ford	
	Group		. 38 - 3193008				Downriver Center for Oncology		NIA	Henry Ford Health System	Ownership	100.0	Health System	
	Henry Ford Health Systems		00 0000400				D 0 110		NII A	Harris Frank Harlah Oriston	O	400.0	Henry Ford	
	Group Henry Ford Health Systems		. 38-3322462	-			P Cor, LLCEye Care	-	NIA	Henry Ford Health System	Ownership	100.0	Health System Henry Ford	
	Group		38-2299059				Centers, Inc		NIA	Henry Ford Health System	Ownership	100 0	Health System	0
	от обр		2200000				00111013, 1110			Thomy for a floar till by Stollis	0 #1101 0111 p	0.0	Thourth by Stom	0

Asterisk	Explanation

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SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	: Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95844	38-2242827	Health Alliance Plan of Michigan	(13,050,000)				(561.472.969)			(5,356,930)	(579.879.899)	
	38-2513504	HAP Preferred Inc					(1,933,563)		ļ		(1,933,563)	
60134	38-3291563	Alliance Health and Life Insurance Compa	(1,646,000) 21,800,000				(45, 142, 123)		ļ		(46,788,123)	
	. 38 - 1357020	Alliance Health and Life Insurance Compa. Henry Ford Health System.	21,800,000				(45,142,123) 539,980,760		ļ	5,356,930	(46,788,123) 567,137,690	
	. 38-2791823	Henry Ford Wyandotte					L36,831,567		ļ	ļ	36,831,567	
	. 38-2947657	Henry Ford Myandotte. Henry Ford Macomb Hospital. Henry Ford West Bloomfield.					46,068,034		ļ		46,068,034	
	26-3896897	Henry Ford West Bloomfield			ļ	ļ	966,646		ļ	ļļ	966,646	
] 38-3193008]	Downriver Cancer Center			ļ	ļ	1,012,110		 	ļ	1,012,110	
05044	38-3322462	P Cor LLC.	(7.404.000)		-		2,931,686		ļ	ļ	2,931,686	
95814	38-3123777 38-3232668	Midwest Health Plan	(7,104,000)		+		(27,469,759) 4,821,821		ł	 	(34,573,759)	
	. 38-3232008	Northwest Detroit Dialysis Centers					4,821,821		 		4,821,821 1,182,196	
	26-0423581 38-2651185	Macomb Regional Dialysis Centers LLC. ASR Sys Res Corp					1,182,196 (60,000)		·····		(60,000)	
	1 30 - 200 100	Henry Ford Pathology					989,331		 	 	989,331	
	41-2223561 38-2433285	Henry Ford Continuing Care.			+		1,294,263		 		1,294,263	
	. 30-2433203	Tierry Ford Continuing Care			+		1,294,203		·····	·	1,234,203	
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9999999	Control Totals		0 1	0	1 0	1 0	0	0	XXX	0	0	C

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

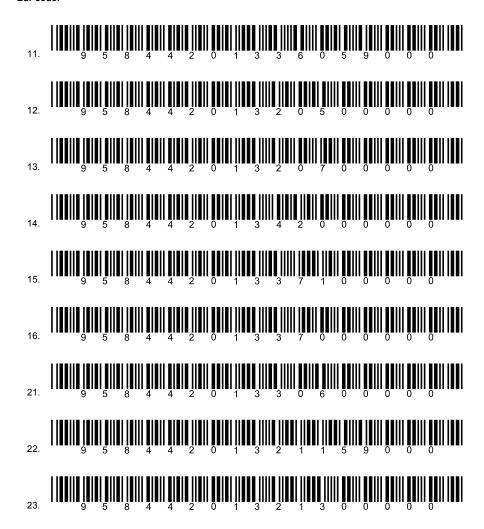
	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.		YES
6.		YESYES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1? JUNE FILING	1E0
8.		YES
9.	, , ,	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
which	illowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar cod pplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following ons.	e will be printed below. If
	MARCH FILING	
11.		N0
12.		NO
13.		NO
14.		N0
15. 16.	, ,	NO
10.	domicile and electronically with the NAIC by March 1?	N0
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
18.		SEE EXPLANATION
19.	electronically with the NAIC by March 1?	SEE EXPLANATION
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
21.		NO
22.		NO
23.		N0YES
24. 25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Evola	nation:	
-	usiness not written	
12. BI	usiness not written	
13. Bi	usiness not written	
14. He	ealth Alliance Plan is not a stock company	
15. Bi	usiness not written	
16. Bi	usiness not written	
17. He	ealth Alliance Plan offers Medicare Part D through a Medicare Advantage plan.	
18. No	ot applicable	
19. No	ot applicable	

20. Not applicable

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 21. Business not written
- 22. Business not written
- 23. Business not written

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23. *LIAB - Liabilities

	1	2	3	4
	Covered	Uncovered	Total	Total
2304. Liability for CMS Coverage Gap Discount Program.	1 , 143 , 067		1,143,067	993,865
2305.			0	0
2397. Summary of remaining write-ins for Line 23 from Page 03	1,143,067	0	1,143,067	993,865

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